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Bib Data Sheet

CONFIRMATION NO. 4786

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/725,156 | FILING DATE<br>12/01/2003<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1614 | ATTORNEY<br>DOCKET NO.<br>1/1288-1-C1 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/348,293 01/21/2003 ABN  
 which claims benefit of 60/386,165 06/05/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY DE 102 03 103 01/24/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/12/2004

|   |                                |                        |                       |                            |
|---|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>13 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>   |                                |                        |                       |                            |

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## TITLE

Pramipexole for the treatment of HIV dementia

☐ All Fees  
☐ 1.16 Fees ( Filing )

|   |  |  |                          |                                       |                          |                     |                          |             |                          |        |
|---|--|--|--------------------------|---------------------------------------|--------------------------|---------------------|--------------------------|-------------|--------------------------|--------|
| <p>FILING FEE</p> <p>RECEIVED<br/>942</p> | <p>FEES: Authority has been given in Paper<br/>No. _____ to charge/credit DEPOSIT ACCOUNT<br/>No. _____ for following:</p> | <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table> | <input type="checkbox"/> | 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> | 1.18 Fees ( Issue ) | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | Credit |
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